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Civil Defense

The Plans for Medical Organization and Action in California

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THE PURPOSE of this report is to outline the organization for medical Civil Defense in California, to list some of the accomplishments to date, and to reemphasize the great need for medical leadership in furthering civil defense.

An efficient, well supported civil defense organization is an absolute necessity for the survival of this nation from an all-out enemy attack. In past wars the enemy has never seriously struck at our shores or our cities. In future wars the enemy will be successful, in varying degrees, in bombing our cities and industries just as we will be in striking his cities and population centers. Civilians will no longer be in the protected or "back of the front lines." There will be no front lines. The people must be psychologically prepared and trained to withstand enemy attacks to our mainland and still have the will to win.

As to the necessity for having a civil defense organization, one merely needs to refer to the lessons gained by the Germans, English, Japanese and other nations during World War II.

Civil Defense requires the complete integration of all phases of industry and agriculture and, in particular, the help of every individual in the pro-

gram. Our greatest asset is the people and they must be protected at all costs.

Briefly it can safely be stated that in the event of any major war:

1. California will present many high-priority targets.

2. The United States is highly vulnerable to attack by atomic and thermonuclear weapons, and by biological, chemical and conventional weapons.

3. Hundreds of thousands of casualties requiring treatment will result from an attack in which atomic and thermonuclear weapons are used.

4. The ability of this nation to survive without an excellent civil defense organization is open to question.

5. The industrial areas and centers of heavy concentration of population will probably represent major initial targets.

6. Regardless of the amount of money and resources available, the proper planning, recruiting, training and equipping of the civilian population take many months of time. It is most fortunate that we have already had five years in which to prepare. Much, however, remains to be done.

7. Every individual must have a civil defense assignment, must know first aid, the precautions to be taken before, during and after an attack, and have some basic practical knowledge of the effects and dangers of atomic and thermonuclear warfare.

Chairman, Committee on Military Affairs and Civil Defense, California Medical Association (Stein); Medical Consultant, Medical and Health Services Division, Office of Civil Defense, State of California (Davis); and Chief, Medical and Health Services Division, Office of Civil Defense, State of California (Cole).

EDITORIAL

Civil Defense—Your Responsibility

THE SEEMING ABATEMENT in international tensions initiated by the top-level meetings in Geneva and abetted by our inherent desires for peace have contributed to a sense of security whose foundation is far from secure. Even our President and his Secretary of State recently have warned the nation lest we exchange the cold facts of demonstrated communistic plans of aggression for the warmth of wishful thinking.

Unfortunately, the tides of Civil Defense rise and fall with the popular concern over the dangers of enemy attack. The Kremlin must take great satisfaction in the present low ebb of Civil Defense interest on the part of the American populace. Our nation cannot afford again to be unprepared if and when the enemy strikes. Lest some may read these lines with the cynic's jaundiced eye, let him think back only a little more than a decade, when proud ships of our navy were sunk at anchor and the infantry shouldered broomsticks and the artillery maneuvered stove pipes. The gravity of a future attack lies in the fact that those who will suffer from the lack of preparedness are not only the military but, even more, the civilian American men, women and children within as well as without the continental limits of the United States.

American physicians traditionally have played an active role in the defense of our nation. In fact, seldom in the annals of history has a profession rallied as did ours during World War II when one-third of the total strength of our profession volunteered and served with the armed forces. Again our nation faces a real crisis. We are living in the time of the so-called cold war—a kind of warfare made all the more dangerous by virtue of the psychological combat of nerves wherein the winner subtly succeeds in wearing down an opponent to a status of indifference. No factor will destroy Civil Defense

effort faster and more thoroughly than popular indifference.

Nothing in our history has prepared our nation for the ruthlessness of atomic warfare carried out on our own home soil. Future warfare will not differentiate between the military and civilian population, for to destroy the source of the bomber or aircraft carrier is far more effective than to destroy the finished product on the field of combat. The enemy will attempt to liquidate population centers in the hope that the psychological impact of devastation will break the morale of the American people.

In the final analysis a major factor in the survival of our nation will be the ability of American physicians to cope with the problems of mass casualties. No physician, however inadequate he or she may feel professionally, or regardless of the distance removed from target priority potentials, can absolve himself or herself of the responsibilities of Civil Defense preparedness. In the light of the destructive nature of total war it becomes increasingly apparent that much of the medical support for human salvage in the event of national disaster must come from the satellite communities. Thus, every physician—specialist or general practitioner—whether from a rural area or metropolitan center, will have a direct medical responsibility in the care of casualties.

Communities will look to their physicians for leadership in certain phases of Civil Defense and unless this leadership is forthcoming and intelligent, we will have failed miserably in our responsibility to our community and our nation alike. In order to discharge this obligation effectively, the American doctor should study the rudimentary fundamentals of mass casualty care; the value of accurate triage; the problems of rapid and distant patient evacuation; the basic therapeutic considerations in the handling of large numbers of severely burned casualties; the logistics of whole blood, plasma and plasma expanders as related to a national emer-

California MEDICAL ASSOCIATION

NOTICES & REPORTS

Council Meeting Minutes

Tentative Draft: Minutes of the 414th Meeting of the Council, Ambassador Hotel, Los Angeles, August 28, 1955.

The meeting was called to order by Chairman Lum in the Regency Room of the Ambassador Hotel, Los Angeles, at 10:00 a.m., Sunday, August 28, 1955.

Roll Call:

Present were President Shipman, President-elect Charnock, Speaker Doyle, Vice-Speaker Foster, Secretary Daniels and Councilors Lum, Heron, West, Wheeler, Loos, Wadsworth, Pearman, McPharlin, Bostick, Teall, Kirchner, Varden, Carey and Rosenow.

A quorum present and acting.

Absent for cause, Editor Wilbur and Councilors Sherman and Reynolds.

Present by invitation were Messrs. Hunton, Clancy, Thomas and Gillette of C.M.A. staff, legal counsel Hassard, Doctors Francis Hodges and William Gardenier of California Physicians' Service, Doctors Dan O. Kilroy, Joseph F. Sadusk, Jr., and Malcolm Merrill, Messrs. Ben H. Read and Eugene Salisbury of the Public Health League of California and county society executive secretaries or employees William Scheuber of Alameda-Contra Costa, Jerry L. Pettis of Los Angeles, Robert Marvin of Riverside, George W. Foster of Sacramento, Olive Neick of San Francisco, Boyd Thompson of San Joaquin, Joseph Donovan of Santa Clara and Thomas DeVere of Stanislaus.

1. Minutes for Approval:

(a) On motion duly made and seconded, minutes of the 412th meeting of the Council, held April 30-May 4, 1955, were approved.

(b) On motion duly made and seconded, minutes of the 413th meeting of the Council, held May 4, 1955, were approved.

(c) On motion duly made and seconded, min-

utes of the 250th meeting of the Executive Committee, held May 4, 1955, were approved.

(d) On motion duly made and seconded, minutes of the 251st meeting of the Executive Committee, held July 20, 1955, were approved.

2. Membership:

(a) A report of membership as of August 25, 1955, was received and ordered filed.

(b) On motion duly made and seconded, 69 members whose 1955 dues had been received since July 20, 1955, were voted reinstatement.

(c) On motion duly made and seconded, Doctor Cyril T. Callister of Alameda-Contra Costa was elected to Associate Membership.

(d) On motion duly made and seconded, three applicants were granted reductions of dues because of illness.

3. Financial:

A report of bank balances and supplementary information as of August 25, 1955, was received and ordered filed.

4. Medical Review and Advisory Board:

Doctor Joseph F. Sadusk, Jr., chairman of the Medical Review Advisory Board, presented a progress report from his committee, including a set of suggested principles to apply in the underwriting

SIDNEY J. SHIPMAN, M.D.	President
DONALD A. CHARNOCK, M.D.	President-Elect
JAMES C. DOYLE, M.D.	Speaker
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